

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10937
Registrar's No. 219

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

- (a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether

In this community
years, months or days) 11

3. (a) PRINT FULL NAME MARY F. WILLIAMS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Samuel H Williams 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 1st 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Eli Jessup

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Clara Brown
(City, town, or county) (State or foreign country)

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ruth Potter

(b) Address 301 Mt Vernon St

17. (a) Burial (b) Date thereof 2-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Ilseun

(b) Address Springfield, MO

19. (a) 3/4/40 (b) Chas. A. Burke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Greene
(c) City or town 948 W. Walnut
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1940 hour 10:30 minute 0 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on March 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary Embolism Duration 1 hr

Due to Coronary Heart

Due to Fractured & lacerations

Other conditions Pulmonary Infarcts
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Pulmonary embolism

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Feb 15 1940

(c) Where did injury occur? Springfield, MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
201 Highway on W. Walnut St. Springfield, MO

While at work? No (Specify place of death) Auto Collision with
(Specify means of injury) Truck

23. Signature A. H. White (M. D. or other) MD

Address Greene County Date signed 3/2/40

1 h

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Floyd W. Fox

Licensed Embalmer No. *2910*

P. O. Address *629 W. Walnut*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

X